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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/373,693 08/13/1999 PAT 6,465,448

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no				
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Allowance	Met after			
Verified and Acknowledged	Examiner's Signature		Initials		
				STATE OR COUNTRY OH	SHEETS DRAWING 16
				TOTAL CLAIMS 19	INDEPENDENT CLAIMS 5

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TITLE

METHOXYAMINE COMBINATIONS IN THE TREATMENT OF CANCER

FILING FEE RECEIVED 819	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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